

SPECIAL EVENT PERMIT APPLICATION

WEDDING/REUNION/PRIVATE EVENT



☐ Permit Application Fee: \$50
 ☐ Park Impact Fee (Events w/ over 100 attendees): \$100
☐ Refundable Deposit: \$500
 ☐ Alcohol Dispensing Permit: \$50

Event Location: _____ Event Date: _____

Event Name: _____

Organizer's Name: _____ Phone: _____

Organizer's Address: _____ City/State/Zip: _____

Email: _____ Are you a non-profit organizations? ☐ Yes ☐ No ID #: _____

Event Details

Brief Description of Event: _____

Locations of the Event: _____

Set-Up Date: _____ Set-Up Times: _____

Event Start Time: _____ Event End Time: _____

Dismantle Date: _____ Dismantle Time: _____

Event Caterer: _____

Will alcohol be consumed at the event? ☐ Yes ☐ No If yes, Security Company: _____ Phone: _____

Please read the entire "Alcohol Dispensing Limitations and Requirements" section on page 6 of the Policies and Procedures document for all details

Expected Attendance:	<input type="checkbox"/> 1 – 99	<input type="checkbox"/> 100+
Has insurance been purchased for the private event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Page 4 of the Policies & Procedures for details
Will there be any inflatable structures at the event? <small>**Absolutely no water based inflatable structures are allowed in City parks**</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Page 7 of the Policies & Procedures for details
Will the event require streets to be closed or traffic limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	See Page 5 of the Policies & Procedures for details
Will tents exceeding 400 sq./ft. or stages be used at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be equipment to heat food? (Grills, burners, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be pyrotechnics or fireworks at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be amplified music or a PA system? <small>**Please be courteous to the neighbors that live around the park or facility**</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Equipment Rental Fees

	Quantity	Fee	Replacement Fee
Water Spigot Deposit		Free	\$75.00
Cones / Candlesticks		Free	\$50.00
A-Frames		Free	\$65.00
Barricades		Free	\$300.00
Volleyball Equipment		\$10.00	\$50.00
Picnic Table + Delivery (1 – 6 Tables)		\$50.00	
Additional Picnic Tables		\$5.00 ea.	
Recycle Bins and Liners		Free	
Trash Cans		\$4.00 ea.	
Canopy (15x15)		\$75.00	
Fencing (up to 200 ft.)		\$100.00	
Additional Fencing Beyond 200 ft.		\$0.20/ft.	

City Office Use Only

If Cones, Candlesticks, A-Frames or Barricades are requested, please email the completed "Loaner Form" to Sally Pincock in the Streets Division.

Special Event Permit: Policies and Procedures Checklist

I have read the entire *Special Event Permit: Policies and Procedures* and understand all the requirements, limitations, policies and procedures that are associated with each section. By initialing the following statements, I completely understand what is expected of me, as the event organizer, and will comply with each corresponding section.

- ____ Certificate of Insurance
Initial
- ____ Site Plan
Initial
- ____ Security Plan
Initial
- ____ Trash and Recycling Plan
Initial
- ____ Street Closure Requests – Cones, Candlesticks, A-Frames and Barricades
Initial
- ____ Concessionaire and Food Vendor Permits and Roster
Initial
- ____ Alcohol Dispensing Requirements and Limitations
Initial
- ____ Signage Limitations (Temporary Banners, A-Frames, Yard Signs, etc.)
Initial
- ____ Route Identifier Markers for Walks, Races and Events
Initial
- ____ Community Notification
Initial
- ____ Portable Toilets
Initial
- ____ Inflatable Structures
Initial
- ____ Entrance Fees and Event Parking
Initial
- ____ Tournaments, Camps and Competitions
Initial
- ____ Cancellation Policy
Initial

I (the signer) have read this entire Special Event Permit Application and corresponding Policies and Procedures. I agree to abide by ALL rules, regulations and requirements laid out in the stated document. I have attached all required documentation to this application. I understand that failure to comply with ALL requirements, deadlines and commitments may result in termination of my permit and denial of subsequent permit requests.

I (the signer) understand that I am responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Idaho Falls, in addition to all rules and regulations governing the City's Parks and Recreation Department. I agree that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, religion, disability, sexual orientation, gender identity or national origin.

Event Organizer's Printed Name

Date

Event Organizer's Signature

Date

City Office Use Only

Application Fee: \$ 50.00

Park Impact Fee: \$

(\$100 – Required for Events expecting more than 100 attendees)

Special Event Refundable Deposit \$ 500.00

Your \$500 deposit may be used if repairs are required to any city property

Alcohol Dispensing Permit: \$

(\$50.00/Day + 3% of Gross Sales – Only for Events with alcohol)

Facility Rental Fees: \$

Equipment Rental Fees: \$

Total Due: \$

Please email this application to the following marked divisions:

- ☐ Special Event Coordinator
- ☐ Clerk's Office
- ☐ Fire
- ☐ Police
- ☐ Streets
- ☐ Power
- ☐ Legal

Authorized City Representatives

Clerk's Office (Dispensing Permit)

Sign: _____

Date: _____

Legal Department (Application Review)

Sign: _____

Date: _____

Special Event Coordinator (Application Review)

Sign: _____

Date: _____

Fire Department (Fire Safety Check)

Sign: _____

Date: _____

Police Department

Captain – Special Event Dispensing Permit

Sign: _____

Date: _____

Special Event Sergeant

Sign: _____



CITY OF IDAHO FALLS STREET DIVISION – LOANER FORM

Name of Person Responsible for Equipment: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Event Name / Company: _____

Event Date: ____/____/____ Event Location: _____

<u>Equipment</u>	<u>Quantity</u>	<u>Replacement Cost</u>	<u>Total Replacement Cost</u>
CANDLESTICKS & BASE		\$50.00 (EACH)	
A-FRAME		\$65.00 (EACH)	
CONES		\$50.00 (EACH)	
SIGN AND STAND		\$300.00 (EACH)	
			TOTAL REPLACEMENT COST:\$

Drop-Off Location: _____ Pick-Up Location: _____

Signature: _____ Phone Number: _____

*Please be aware you are responsible for the return of ALL listed items above. Your refundable deposit will be used to cover the replacement cost of any unreturned equipment. If your total replacement cost exceeds your deposit, you will be billed for any remaining debt to the City of Idaho Falls.

Thank You,
Street Division Management